Planning for ...
California's Health Care Future

OSHPD

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Healthcare Information Resource Center

Internet and Personal Computer Diskette Documentation

The Annual Utilization Report of Hospitals

For Calendar Year

1998

TALE OF CONTENTS

GENERAL INFORMATION

The California Office of Statewide Health Planning and Development (OSHPD) annually produces two, comma delimited text data files that contain utilization data submitted by each licensed hospital on Annual Utilization Reports of Hospitals. Additionally, these files display licensing data from the OSHPD License File System (LFS) is included for each hospital.

After each report is key entered, it is reviewed by OSHPD staff for correctness and completeness. For data that appear incomplete, or which do not meet data quality edits, OSHPD either verifies the data as reported or makes corrections in consultation with the respective hospital staff. Once the reports are processed, the database is closed and made available to the public.

Data Availability

The Hospital Utilization data file contains data from the 582 hospital sites, licensed during the 1998 calendar year: January 1, 1998 – December 31, 1998. The data are available from the OSHPD web site, diskette, magnetic tape, or on cartridge. For further information, contact the OSHPD Sales, Marketing and Production (916) 322-2814.

Standard Data File Format

Due to the number of data items (fields) and the limitations of most spreadsheet software, the data are separated into two comma delimited text files. The first file (hosp9801.txt) contains basic hospital identification information from LFS and the reported data items from survey pages 0 through 5; the second file (hosp9802.txt) contains the reported data items from the survey pages 6 through 12.

The two data files have been compressed into one executable file, and must be extracted via decompression software such as WINZIP. Once decompressed the two data files are in a comma delimited text (TXT) format for use in spreadsheet and database applications. SAS and other statistical programs can also read the files. The first row will contain column (field) titles that can be used as database names or spreadsheet titles.

If you are having or believe you will have trouble processing the TXT file format, please contact a technical representative in Sales, Marketing and Production (916) 322-2814, and indicate your concerns. We attempted to produce a data product that will meet the needs of most data users, but do not want to exclude anyone from gaining access to the data. If your question is more of a technical nature, having to do with operation of your software, please address them to the software manufacturer's technical support line.

Number of Hospitals

California allows for the consolidation of previously separately licensed hospitals, onto one license. This creates different numbers of entities that can be counted as "hospitals." The Annual Utilization Report of Hospitals contains a record for each hospital location that has ever been separately licensed. Thus, this data set for 1998, represents the 582 hospital locations that were included on 523 "licensed" entities that reported via the *Hospital Annual Financial Data, report periods ending 6/98.*

Data File Description

Each line (row) represents one hospital. Both data files consist of 524 rows: the header row with field names and 523 rows displaying data for each hospital.

Data File Specifications

In the Data File Specifications that follow, these data format representations are used:

Item No.-----Each data field is assigned an item number, which is referenced consistently throughout this documentation.

Column------Indicates the column in which the data item is located if the file is imported into a spreadsheet.

Field Title---The title of each data item that can be used as database names or spreadsheet titles. Titles are limited to 10 characters.

Data Item----Most titles are numeric, which represent the report page, line, and column of the data item.

Data Type---Indicates if field is TEXT, NUMERIC or CODED, as defined below:

TEXT	Alphanumeric	Alphabetic and/or numeric data, left justified, and space filled
NUMERIC	Numeric	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign)
CODED	Coded data	Data is coded directly from the in house Licensing File System (LFS)

Field Size--Indicates the maximum field size.

Data Field Definitions

This section contains the definitions of the data items, listed by Item Number.

DATA FILE SPECIFICATIONS

This section contains the data file specifications for the data fields. For each data item, it specifies: 1) the number of the data field (Item No.); 2) a spreadsheet column reference (Column); 3) the title of the field (Field Title); 4) the data item's name (Description); 5) the type of data (Data Type); and 6) the size of the field (Field size).

File 1-Hosp9801.txt   Begins on Page 4

File 2-Hosp9802.txt   Begins on Page 11

File 1(hosp9801.txt)

Item No.	Column	Field Title	Description	Data Type	Field Size

Hospital Utilization Report Information – Data File 1

Item No.	Column	Field Title	Description	Data Type	Field Size
1	A	FACNO	Facility Identification Number	Coded	9
2	B	COUNTY	County Number	Coded	2
3	C	PERMID	OSHPD Permanent ID Number	Coded	4
4	D	LICTYPE	LFS License Type	Coded	1
5	E	LICDATE	LFS First Licensed Date	Coded	8
6	F	LSTAT	LFS Status Code	Coded	1
7	G	LSTATDT	LFS Status Date	Coded	8
8	H	OSTAT	Open Status Code	Coded	1
9	I	OSTATDT	Open Status Date	Coded	8
10	J	ConNumA	Consolidation Type	Coded	1
11	K	ConNumB	Consolidation Parent/Satellite	Coded	1
12	L	Con NumC	Consolidation Seq Number	Coded	3
13	M	ConDate	Consolidation Date	Coded	8

General Facility Information

Item No.	Column	Field Title	Description	Data Type	Field Size
14	N	DBAName	Facility Name DBA (on12/31)	Text	50
15	O	DBAAddr	Facility Address (DBA)	Text	30
16	P	DBACity	Facility City (DBA)	Text	20
17	Q	DBAZip	Zip Code (DBA)	Text	10
18	R	MLAttn	Facility Attention (Mailing Address)	Text	30
19	S	MLAddr	Facility Address (Mailing Address)	Text	30
20	T	MLCity	Facility City (Mailing Address)	Text	20
21	U	MLState	State (Mailing Address)	Text	2
22	V	MLZIP	Zip Code (Mailing Address)	Text	10
23	W	HSA	HSA (Health Service Areas: 01-14)	Numeric	2
24	X	HFPA	HFPA (Health Facility Planning Areas: 0101-1424)	Numeric	4
25	Y	COMPSTAT	Computed Status Code	Numeric	3
26	Z	P000102	License Type	Numeric	1
27	AA	P000103	Report Status	Numeric	2
28	AB	P010301	Phone Number	Numeric	10
29	AC	P020101	Dates of Operation: From (CCYYMMDD)	Numeric	8
30	AD	P020102	Dates of Operation: Through (CCYYMMDD)	Numeric	8
31	AE	P020201	Licensee (Ownership Type)	Numeric	2
32	AF	P020301	Principal Service Type	Numeric	2
33	AG	P030101	Hospice offered during reporting year	Numeric	1
34	AH	P030201	Bed Classification used for Hospice	Numeric	1

HOSPITAL BASED LONG TERM CARE SERVICES

Certified LTC Services

Item No.	Column	Field Title	Description	Data Type	Field Size
35	AI	P030501	Medicare: Skilled Nursing	Numeric	1
36	AJ	P030502	MediCal: Skilled Nursing	Numeric	1
37	AK	P030503	MediCal: Intermediate Care	Numeric	1
38	AL	P030504	MediCal: Intermediate Care/DD	Numeric	1
39	AM	P030505	MediCal: Subacute	Numeric	1

File 1(hosp9801.txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
LTC Length of Time In Facility					
40	AN	P031101	Total Discharges	Numeric	4
41	AO	P031201	Less Than 2 Weeks	Numeric	4
42	AP	P031301	2 Weeks Less Than 1 Month	Numeric	4
43	AQ	P031401	1 Month Less Than 3 Month	Numeric	4
44	AR	P031501	3 To 6 Months	Numeric	4
45	AS	P031601	7 To 12 Months	Numeric	4
46	AT	P031701	1 year, Less than 2	Numeric	4
47	AU	P031801	2 Years, Less than 3	Numeric	4
48	AV	P031901	3 Years, Less than 5	Numeric	4
49	AW	P032001	5 Years, Less than 10	Numeric	4
50	AX	P032101	7 Years, Less Than 10	Numeric	4
51	AY	P032201	10 Years or More	Numeric	4
52	AZ	P034101	Patients Diagnosed with Aids, ARC or HIV Related Disease	Numeric	4
53	BA	P034201	Specialized Alzheimer Program	Numeric	1
54	BB	P034301	Patients w/Primary or Secondary Diagnoses of Alzheimer Disease	Numeric	4
LTC Patients Census on December 31, Prior Reporting Year					
55	BC	P040101	Skilled Nursing (General)	Numeric	4
56	BD	P040102	Intermediate Care (General)	Numeric	4
57	BE	P040103	Skilled Nursing-Mentally Disordered	Numeric	4
58	BF	P040104	Intermediate Care-Developmentally Disabled	Numeric	4
59	BG	P040106	Total Prior Years Census-12/31	Numeric	4
LTC Admissions					
60	BH	P040201	Skilled Nursing General	Numeric	4
61	BI	P040202	Intermediate Care (General)	Numeric	4
62	BJ	P040203	Skilled Nursing Mentally Disordered	Numeric	4
63	BK	P040204	Intermediate Care-Developmentally Disabled	Numeric	4
64	BL	P040206	Total Admissions	Numeric	4
65	BM	P040207	Place Admitted From-Home	Numeric	4
66	BN	P040208	Place Admitted From-Hospital	Numeric	4
67	BO	P040209	Place Admitted From-State Hospital	Numeric	4
68	BP	P040210	Place Admitted From-Other Long Term Care	Numeric	4
69	BQ	P040211	Place Admitted From-Residential/Board & Care	Numeric	4
70	BR	P040212	Place Admitted From–Other	Numeric	4
LTC Discharges					
71	BS	P040301	Skilled Nursing (General)	Numeric	4
72	BT	P040302	Intermediate Care (General)	Numeric	4
73	BU	P040303	Skilled Nursing-Mentally Disordered	Numeric	4
74	BV	P040304	Intermediate Care-Developmentally Disabled	Numeric	4
75	BW	P040306	Total Discharges	Numeric	4
76	BX	P040307	Placed Discharged To-Home	Numeric	4

File 1(hosp9801.txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
LTC Discharges, Continued					
77	BY	P040308	Placed Discharged To-Hospital	Numeric	4
78	BZ	P040309	Placed Discharged To-State Hospital	Numeric	4
79	CA	P040310	Placed Discharged To-Other Long Term Care	Numeric	4
80	CB	P040311	Placed Discharged To-Residential/ Board & Care	Numeric	4
81	CC	P040312	Place Discharged To-Other	Numeric	4
82	CD	P040313	Place Discharged To-AWOL/AMA	Numeric	4
83	CE	P040314	Place Discharged To-Death	Numeric	4
LTC Patient Census on December 31					
84	CF	P040401	Skilled Nursing (General)	Numeric	4
85	CG	P040402	Intermediate Care (General)	Numeric	4
86	CH	P040403	Skilled Nursing-Mentally Disordered	Numeric	4
87	CI	P040404	Intermediate Care-Developmentally Disabled	Numeric	4
88	CJ	P040406	Total Patient Census on 12/31 (Current Year)	Numeric	4
89	CK	P040407	Reimbursement by Payor Source: Medicare	Numeric	4
90	CL	P040408	Reimbursement by Payor Source: MediCal	Numeric	4
91	CM	P040409	Reimbursement by Payor Source: HMO	Numeric	4
92	CN	P040410	Reimbursement by Payor Source: Private Ins.	Numeric	4
93	CO	P040411	Reimbursement by Payor Source: Private Pay	Numeric	4
94	CP	P040414	Reimbursement by Payor Source: Other	Numeric	4
LTC Patient (Census) Days:					
95	CQ	P040501	Skilled Nursing (General)	Numeric	6
96	CR	P040502	Intermediate Care (General)	Numeric	6
97	CS	P040503	Skilled Nursing-Mentally Disordered	Numeric	6
98	CT	P040504	Intermediate Care-Developmentally Disabled	Numeric	6
99	CU	P040506	Total Patient (Census) Days	Numeric	6
LTC Licensed Beds on December 31:					
100	CV	P040601	Skilled Nursing (General)	Numeric	4
101	CW	P040602	Intermediate Care (General)	Numeric	4
102	CX	P040603	Skilled Nursing-Mentally Disordered	Numeric	4
103	CY	P040604	Intermediate Care-Developmentally Disabled	Numeric	4
104	CZ	P040606	Total Patient (Census) Days	Numeric	4
LTC Licensed Bed Days:					
105	DA	P040701	Skilled Nursing (General)	Numeric	6
106	DB	P040702	Intermediate Care (General)	Numeric	6
107	DC	P040703	Skilled Nursing-Mentally Disordered	Numeric	6
108	DD	P040704	Intermediate Care-Developmentally Disabled	Numeric	6
109	DE	P040706	Total Licensed Bed Days	Numeric	6
Approved LTC Swing Beds:					
110	DF	P040801	Skilled Nursing (General)	Numeric	3
111	DG	P040806	Total Swing Beds	Numeric	3

File 1(hosp9801.txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Age and Race/Ethnicity by Gender LTC - Patient Census on December 31					
112	DH	P050101	Total Number of Patients	Numeric	5
Age and Race/Ethnicity by Gender LTC Patients, Continued					
113	DI	P050201	Number of Male Patients	Numeric	5
114	DJ	P050301	Number of Female Patients	Numeric	5
Race/Ethnicity and Age of Males LTC Patient Census on December 31					
			White Males:		
115	DK	P050401	Under 45 Years	Numeric	4
116	DL	P050402	45-54 Years	Numeric	4
117	DM	P050403	55-64 Years	Numeric	4
118	DN	P050404	65-74 Years	Numeric	4
119	DO	P050405	75-84 Years	Numeric	4
120	DP	P050406	85-94 Years	Numeric	4
121	DQ	P050407	95 Years and Older	Numeric	4
			Black Males:		
122	DR	P050501	Under 45 Years	Numeric	4
123	DS	P050502	45-54 Years	Numeric	4
124	DT	P050503	55-64 Years	Numeric	4
125	DU	P050504	65-74 Years	Numeric	4
126	DV	P050505	75-84 Years	Numeric	4
127	DW	P050506	85-94 Years	Numeric	4
128	DX	P050507	95 Years and Older	Numeric	4
			Hispanic Males:		
129	DY	P050601	Under 45 Years	Numeric	4
130	DZ	P050602	45-54 Years	Numeric	4
131	EA	P050603	55-64 Years	Numeric	4
132	EB	P050604	65-74 Years	Numeric	4
133	EC	P050605	75-84 Years	Numeric	4
134	ED	P050606	85-94 Years	Numeric	4
135	EE	P050607	95 Years and Older	Numeric	4
			Asian Males:		
136	EF	P050701	Under 45 Years	Numeric	4
137	EG	P050702	45-54 Years	Numeric	4
138	EH	P050703	55-64 Years	Numeric	4
139	EI	P050704	65-74 Years	Numeric	4
140	EJ	P050705	75-84 Years	Numeric	4
141	EK	P050706	85-94 Years	Numeric	4
142	EL	P050707	95 Years and Older	Numeric	4
			Filipino Males:		
143	EM	P050801	Under 45 Years	Numeric	4
144	EN	P050802	45-54 Years	Numeric	4

File 1(hosp9801.txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Race/Ethnicity and Age Of Males LTC Patient Census on December 31 Continued					
145	EO	P050803	55-64 Years	Numeric	4
146	EP	P050804	65-74 Years	Numeric	4
147	EQ	P050805	75-84 Years	Numeric	4
148	ER	P050806	85-94 Years	Numeric	4
149	ES	P050807	95 Years and Older	Numeric	4
			Pacific Islander Males:		
150	ET	P050901	Under 45 Years	Numeric	4
151	EU	P050902	45-54 Years	Numeric	4
152	EV	P050903	55-64 Years	Numeric	4
153	EW	P050904	65-74 Years	Numeric	4
154	EX	P050905	75-84 Years	Numeric	4
155	EY	P050906	85-94 Years	Numeric	4
156	EZ	P050907	95 Years and Older	Numeric	4
			Native American Males:		
157	FA	P051001	Under 45 Years	Numeric	4
158	FB	P051002	45-54 Years	Numeric	4
159	FC	P051003	55-64 Years	Numeric	4
160	FD	P051004	65-74 Years	Numeric	4
161	FE	P051005	75-84 Years	Numeric	4
162	FF	P051006	85-94 Years	Numeric	4
163	FG	P051007	95 Years and Older	Numeric	4
			Other Males:		
164	FH	P051101	Under 45 Years	Numeric	
165	FI	P051102	45-54 Years	Numeric	4
166	FJ	P051103	55-64 Years	Numeric	4
167	FK	P051104	65-74 Years	Numeric	4
168	FL	P051105	75-84 Years	Numeric	4
169	FM	P051106	85-94 Years	Numeric	4
170	FN	P051107	95 Years and Older	Numeric	4
			Total Males:		
171	FO	P051201	Under 45 Years	Numeric	4
172	FP	P051202	45-54 Years	Numeric	4
173	FQ	P051203	55-64 Years	Numeric	4
174	FR	P051204	65-74 Years	Numeric	4
175	FS	P051205	75-84 Years	Numeric	4
176	FT	P051206	85-94 Years	Numeric	4
177	FU	P051207	95 Years and Older	Numeric	4
Race/Ethnicity and Age of Females LTC Patient Census on December 31					
			White Females:		
178	FV	P051301	Under 45 Years	Numeric	4

File 1(hosp9801.txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Race/Ethnicity and Age of Females LTC Patients, Continued					
179	FW	P051302	45-54 Years	Numeric	4
180	FX	P051303	55-64 Years	Numeric	4
181	FY	P051304	65-74 Years	Numeric	4
182	FZ	P051305	75-84 Years	Numeric	4
183	GA	P051306	85-94 Years	Numeric	4
184	GB	P051307	95 Years and Older	Numeric	4
			Black Females:		
185	GC	P051401	Under 45 Years	Numeric	4
186	GD	P051402	45-54 Years	Numeric	4
187	GE	P051403	55-64 Years	Numeric	4
188	GF	P051404	65-74 Years	Numeric	4
189	GG	P051405	75-84 Years	Numeric	4
190	GH	P051406	85-94 Years	Numeric	4
191	GI	P051407	95 Years and Older	Numeric	4
			Hispanic Females:		
192	GJ	P051501	Under 45 Years	Numeric	4
193	GK	P051502	45-54 Years	Numeric	4
194	GL	P051503	55-64 Years	Numeric	4
195	GM	P051504	65-74 Years	Numeric	4
196	GN	P051505	75-84 Years	Numeric	4
197	GO	P051506	85-94 Years	Numeric	4
198	GP	P051507	95 Years and Older	Numeric	4
			Asian Females:		
199	GQ	P051601	Under 45 Years	Numeric	4
200	GR	P051602	45-54 Years	Numeric	4
201	GS	P051603	55-64 Years	Numeric	4
202	GT	P051604	65-74 Years	Numeric	4
203	GU	P051605	75-84 Years	Numeric	4
204	GV	P051606	85-94 Years	Numeric	4
205	GW	P051607	95 Years and Older	Numeric	4
			Filipino Females:		
206	GX	P051701	Under 45 Years	Numeric	4
207	GY	P051702	45-54 Years	Numeric	4
208	GZ	P051703	55-64 Years	Numeric	4
209	HA	P051704	65-74 Years	Numeric	4
210	HB	P051705	75-84 Years	Numeric	4
211	HC	P051706	85-94 Years	Numeric	4
212	HD	P051707	95 Years and Older	Numeric	4
			Pacific Islander Females:		
213	HE	P051801	Under 45 Years	Numeric	4

File 1(hosp9801.txt)

Item No.	Column	Field Title	Description	Data Type	Field Size
Race/Ethnicity and Age of Females LTC Patients, Continued					
214	HF	P051802	45-54 Years	Numeric	4
215	HG	P051803	55-64 Years	Numeric	4
216	HH	P051804	65-74 Years	Numeric	4
217	HI	P051805	75-84 Years	Numeric	4
218	HJ	P051806	85-94 Years	Numeric	4
219	HK	P051807	95 Years and Older	Numeric	4
			Native American Females:		
220	HL	P051901	Under 45 Years	Numeric	4
221	HM	P051902	45-54 Years	Numeric	4
222	HN	P051903	55-64 Years	Numeric	4
223	HO	P051904	65-74 Years	Numeric	4
224	HP	P051905	75-84 Years	Numeric	4
225	HQ	P051906	85-94 Years	Numeric	4
226	HR	P051907	95 Years and Older	Numeric	4
			Other Females:		
227	HS	P052001	Under 45 Years	Numeric	4
228	HT	P052002	45-54 Years	Numeric	4
229	HU	P052003	55-64 Years	Numeric	4
230	HV	P052004	65-74 Years	Numeric	4
231	HW	P052005	75-84 Years	Numeric	4
232	HX	P052006	85-94 Years	Numeric	4
233	HY	P052007	95 Years and Older	Numeric	4
			Total Females:		
234	HZ	P052101	Under 45 Years	Numeric	4
235	IA	P052102	45-54 Years	Numeric	4
236	IB	P052103	55-64 Years	Numeric	4
237	IC	P052104	65-74 Years	Numeric	4
238	ID	P052105	75-84 Years	Numeric	4
239	IE	P052106	85-94 Years	Numeric	4
240	IF	P052107	95 Years and Older	Numeric	4

The specifications for Data File 2 begin on the next page.

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size
Hospital Utilization Report Information – Data File 1					
241	A	FACNO	Facility Identification Number	Numeric	9
Subacute Care					
242	B	P060101	Total Subacute Care beds contracted 12/31	Numeric	4
			Number of Subacute Care Patients on 12/31:		
243	C	P060201	Age 20 & Under	Numeric	4
244	D	P060202	Age 21 & Over	Numeric	4
			Number of Subacute Care Patients Admitted:		
245	E	P060301	Age 20 & Under	Numeric	4
246	F	P060302	Age 21 & Over	Numeric	4
			Number of Subacute Care Patients Discharged:		
247	G	P060401	Age 20 & Under	Numeric	4
248	H	P060402	Age 21 & Over	Numeric	4
			Number of Subacute Care Patient Days:		
249	I	P060501	Age 20 & Under	Numeric	6
250	J	P060502	Age 21 & Over	Numeric	6
			Place Subacute Patients Admitted From:		
251	K	P061001	Home, Age 20 & Under	Numeric	4
252	L	P061002	Home, Age 21 & Over	Numeric	4
253	M	P061101	State Hospital, Age 20 & Under	Numeric	4
254	N	P061102	State Hospital, Age 21 & Over	Numeric	4
255	O	P061201	Residential/Board & Care, Age 20 & Under	Numeric	4
256	P	P061202	Residential/Board & Care, Age 21 & Over	Numeric	4
257	Q	P061301	Hospital, Age 20 & Under	Numeric	4
258	R	P061302	Hospital, Age 21 & Over	Numeric	4
259	S	P061401	Other Long Term Care, Age 20 & Under	Numeric	4
260	T	P061402	Other Long Term Care, Age 21 & Over	Numeric	4
261	U	P061501	Specified Other, Age 20 & Under	Numeric	4
262	V	P061502	Specified Other, Age 21 & Over	Numeric	4
			Place Subacute Patients Discharged To:		
263	W	P062001	Home, Age 20 & Under	Numeric	4
264	X	P062002	Home, Age 21 & Over	Numeric	4
265	Y	P062101	State Hospital, Age 20 & Under	Numeric	4
266	Z	P062102	State Hospital, Age 21 & Over	Numeric	4
267	AA	P062201	Residential/Board & Care, Age 20 & Under	Numeric	4
268	AB	P062202	Residential/Board & Care, Age 21 & Over	Numeric	4
269	AC	P062301	Hospital, Age 20 & Under	Numeric	4
270	AD	P062302	Hospital, Age 21 & Over	Numeric	4
271	AE	P062401	Other Long Term Care, Age 20 & Under	Numeric	4

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size
Subacute Care Continued					
272	AF	P062402	Other Long Term Care, Age 21 & Over	Numeric	4
273	AG	P062501	Specified Other, Age 20 & Under	Numeric	4
274	AH	P062502	Specified Other, Age 21 & Over	Numeric	4
275	AI	P062601	Death, Age 20 & Under	Numeric	4
276	AJ	P062602	Death, Age 21 & Over	Numeric	4
Number of Subacute Patients on 12/31 that Required the Treatment/Procedures Listed					
(A patient may require more than one treatment/procedure)					
277	AK	P063101	Tracheostomy with Ventilator, Age 20 & Under	Numeric	4
278	AL	P063102	Tracheostomy with Ventilator, Age 21 & Over	Numeric	4
279	AM	P063201	Tracheostomy w/o Ventilator, Age 20 & Under	Numeric	4
280	AN	P063202	Tracheostomy w/o Ventilator, Age 21 & Over	Numeric	4
281	AO	P063301	Tube Feeding, Age 20 & Under	Numeric	4
282	AP	P063302	Tube Feeding, Age 21 & Over	Numeric	4
283	AQ	P063401	Total Parenteral Nutrition, Age 20 & Under	Numeric	4
284	AR	P063402	Total Parenteral Nutrition, Age 21 & Over	Numeric	4
285	AS	P063501	Physical Therapy, Age 20 & Under	Numeric	4
286	AT	P063502	Physical Therapy, Age 21 & Over	Numeric	4
287	AU	P063601	Speech Therapy, Age 20 & Under	Numeric	4
288	AV	P063602	Speech Therapy, Age 21 & Over	Numeric	4
289	AW	P063701	Occupational Therapy, Age 20 & Under	Numeric	4
290	AX	P063702	Occupational Therapy, Age 21 & Over	Numeric	4
291	AY	P063801	IV Therapy, Age 20 & Under	Numeric	4
292	AZ	P063802	IV Therapy, Age 21 & Over	Numeric	4
293	BA	P063901	Wound Care, Age 20 & Under	Numeric	4
294	BB	P063902	Wound Care, Age 21 & Over	Numeric	4
295	BC	P064001	Peritoneal Dialysis, Age 20 & Under	Numeric	4
296	BD	P064002	Peritoneal Dialysis, Age 21 & Over	Numeric	4
Acute Psychiatric Service					
			Acute Psychiatric Patient Census on 12/31 by Locked/Open:		
297	BE	P070101	Total Psychiatric Census	Numeric	4
298	BF	P070201	Locked	Numeric	4
299	BG	P070301	Open	Numeric	4
			Acute Psychiatric Patient Census on 12/31 by Age Category:		
300	BH	P070601	Total Psychiatric Census	Numeric	4
301	BI	P070701	0-17 Years	Numeric	4
302	BJ	P070801	18-64 Years	Numeric	4
303	BK	P070901	65 Years and Over	Numeric	4
Chemical Dependency Recovery Services in Licensed Acute Psychiatric Beds					
304	BL	P071501	Census on 12/31	Numeric	4
305	BM	P071502	Discharges (1/1 – 12/31)	Numeric	6
306	BN	P071503	Patient Days (1/1 – 12/31)	Numeric	7

HOSPITAL UTILIZATION
Data File 2

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size
Chemical Dependency Recovery Services in Licensed Acute Psychiatric Beds, Continued					
307	BO	P071504	Beds on License (Psych Beds approved for CDRS)	Numeric	3
Acute Psychiatric Patient Census on 12/31 by Reimbursement Source					
308	BP	P072001	Total Acute Psych Patients	Numeric	4
309	BQ	P072101	Medicare	Numeric	4
310	BR	P072201	Medi-Cal	Numeric	4
311	BS	P072301	Short Doyle	Numeric	4
312	BT	P072401	HMO	Numeric	4
313	BU	P072501	Other Third Party Payment	Numeric	4
314	BV	P072601	Private Pay	Numeric	4
315	BW	P072701	Other	Numeric	4
316	BX	P073001	Did you provide Acute Psych Under Short Doyle	Numeric	1
Inpatient Bed Utilization					
317	BY	P080101	Medical/Surgical-Census, 12/31	Numeric	4
318	BZ	P080102	Medical/Surgical Licensed Beds, 12/31	Numeric	4
319	CA	P080103	Medical/Surgical Hospital Discharges	Numeric	7
320	CB	P080105	Medical/Surgical Patient (Census) Days	Numeric	7
321	CC	P080106	Medical/Surgical Licensed Bed Days	Numeric	7
322	CD	P080201	Perinatal-Census, 12/31	Numeric	4
323	CE	P080202	Perinatal Licensed Beds, 12/31	Numeric	4
324	CF	P080203	Perinatal Hospital Discharges	Numeric	7
325	CG	P080205	Perinatal Patient (Census) Days	Numeric	7
326	CH	P080206	Perinatal Licensed Bed Days	Numeric	7
327	CI	P080301	Pediatric-Census, 12/31	Numeric	4
328	CJ	P080302	Pediatric Licensed Beds, 12/31	Numeric	4
329	CK	P080303	Pediatric Hospital Discharges	Numeric	7
330	CL	P080305	Pediatric Patient (Census) Days	Numeric	7
331	CM	P080306	Pediatric Licensed Bed Days	Numeric	7
332	CN	P080401	Intensive Care-Census, 12/31	Numeric	4
333	CO	P080402	Intensive Care Licensed Beds, 12/31	Numeric	4
334	CP	P080403	Intensive Care Hospital Discharges	Numeric	7
335	CQ	P080404	Intensive Care Intra Hospital Transfers	Numeric	7
336	CR	P080405	Intensive Care Patient (Census) Days	Numeric	7
337	CS	P080406	Intensive Care Licensed Bed Days	Numeric	7
338	CT	P080501	Coronary Care-Census, 12/31	Numeric	4
339	CU	P080502	Coronary Care Licensed Beds, 12/31	Numeric	4
340	CV	P080503	Coronary Care Hospital Discharges	Numeric	7
341	CW	P080504	Coronary Care Intra Hospital Transfers	Numeric	7
342	CX	P080505	Coronary Care Patient (Census) Days	Numeric	7
343	CY	P080506	Coronary Care Licensed Bed Days	Numeric	7

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size

Inpatient Bed Utilization Continued

Item No.	Column	Data Field Title	Description	Type	Field Size
344	CZ	P080601	Acute Respiratory Care-Census, 12/31	Numeric	4
345	DA	P080602	Acute Respiratory Care Licensed Beds, 12/31	Numeric	4
346	DB	P080603	Acute Respiratory Care Hospital Discharges	Numeric	7
347	DC	P080604	Acute Respiratory Care Intra Hospital Transfers	Numeric	7
348	DD	P080605	Acute Respiratory Care Patient (Census) Days	Numeric	7
349	DE	P080606	Acute Respiratory Care Licensed Bed Days	Numeric	7
350	DF	P080701	Burn Center-Census, 12/31	Numeric	4
351	DG	P080702	Burn Center Care Licensed Beds, 12/31	Numeric	4
352	DH	P080703	Burn Center Care Hospital Discharges	Numeric	7
353	DI	P080704	Burn Center Intra Hospital Transfers	Numeric	7
354	DJ	P080705	Burn Center Patient (Census) Days	Numeric	7
355	DK	P080706	Burn Center Licensed Bed Days	Numeric	7
356	DL	P080801	Intensive Care-Newborn Nursery-Census, 12/31	Numeric	4
357	DM	P080802	Intensive Care-Newborn Nursery Lic Beds, 12/31	Numeric	4
358	DN	P080803	Intensive Care Newborn Nursery Hosp Discharges	Numeric	7
359	DO	P080804	Intensive Care Newborn Nursery Intra Hospital	Numeric	7
360	DP	P080805	Intensive Care Patient (Census) Days	Numeric	7
361	DQ	P080806	Intensive Care Licensed Bed Days	Numeric	7
362	DR	P081001	Rehabilitation Center-Census, 12/31	Numeric	4
363	DS	P081002	Rehabilitation Center Licensed Beds, 12/31	Numeric	4
364	DT	P081003	Rehabilitation Center Hospital Discharges	Numeric	7
365	DU	P081005	Rehabilitation Center Patient (Census) Days	Numeric	7
366	DV	P081006	Rehabilitation Center Licensed Bed Days	Numeric	7
367	DW	P081601	Subtotals - General Acute Care-Census, 12/31	Numeric	4
368	DX	P081602	Subtotals - General Acute Care Licensed Beds, 12/31	Numeric	4
369	DY	P081603	Subtotals - General Acute Care Hospital Discharges	Numeric	7
370	DZ	P081605	Subtotals - General Acute Care Patient (Census) Days	Numeric	7
371	EA	P081606	Subtotals - General Acute Care Licensed Bed Days	Numeric	7
372	EB	P081801	CDRH Census, 12/31	Numeric	4
373	EC	P081802	CDRH Licensed Beds, 12/31	Numeric	4
374	ED	P081803	CDRH Hospital Discharges	Numeric	7
375	EE	P081805	CDRH Patient (Census) Days	Numeric	7
376	EF	P081806	CDRH Licensed Bed Days	Numeric	7
377	EG	P082001	Acute Psychiatric Census, 12/31	Numeric	4
378	EH	P082002	Acute Psychiatric Licensed Bed Days	Numeric	4
379	EI	P082003	Acute Psychiatric Hospital Discharges	Numeric	7
380	EJ	P082005	Acute Psychiatric Patient (Census) Days	Numeric	7
381	EK	P082006	Acute Psychiatric Patient Licensed Bed Days	Numeric	7
382	EL	P082501	Skilled Nursing – Census, 12/31	Numeric	4

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size
Inpatient Bed Utilization Continued					
383	EM	P082502	Skilled Nursing Licensed Beds, 12/31	Numeric	4
384	EN	P082503	Skilled Nursing Hospital Discharges	Numeric	7
385	EO	P082505	Skilled Nursing Patient (Census) Days	Numeric	7
386	EP	P082506	Skilled Nursing Patient Licensed Bed Days	Numeric	7
387	EQ	P083001	Intermediate Care – Census, 12/31	Numeric	4
388	ER	P083002	Intermediate Care Licensed Beds, 12/31	Numeric	4
389	ES	P083003	Intermediate Care Hospital Discharges	Numeric	7
390	ET	P083005	Intermediate Care Patient (Census) Days	Numeric	7
391	EU	P083006	Intermediate Care Patient Licensed Bed Days	Numeric	7
392	EV	P084001	Hospital Totals - Census, 12/31	Numeric	4
393	EW	P084002	Hospital Totals - Licensed Beds	Numeric	4
394	EX	P084003	Hospital Totals - Discharges	Numeric	7
395	EY	P084005	Hospital Totals - Patient (Census) Days	Numeric	7
396	EZ	P084006	Hospital Totals - Licensed Bed Days	Numeric	7
Chemical Dependency Recovery Services Provided in Licensed General Acute Care Beds					
397	FA	P084501	Census on 12/31	Numeric	4
398	FB	P084502	Discharges (1/1–12/31	Numeric	7
399	FC	P084503	Patient (Census) Days (1/1-12/31)	Numeric	7
400	FD	P084504	Beds on License (12/31 Licensed) GAC Beds Approved by L&C for CDRS)	Numeric	3
Cardiac Catheterization and Cardiac Surgery Services					
401	FE	P090301	CV Surgery/Catheterization License on 12/31	Coded	1
Cardiovascular (CV) Surgery with Extracorporeal Bypass					
402	FF	P091001	Number of Operating Rooms Equipped on 12/31 to Perform CV surgery with Extracorporeal Bypass	Numeric	2
403	FG	P091101	Cardiac Surgeries w/Bypass-Pediatric	Numeric	4
404	FH	P091201	Cardiac Surgeries w/Bypass-Adult	Numeric	4
405	FI	P091301	Cardiac Surgeries w/Bypass-TOTAL	Numeric	6
Cardiac Catheterizations					
406	FJ	P092001	Number of Rooms Equipped on 12/31 to Perform Cardiac Catheterizations	Numeric	2
"Cath Lab" Utilization					
407	FK	P092301	Pediatric - Diagnostic Catheterizations	Numeric	4
408	FL	P092302	Pediatric - Therapeutic Catheterizations	Numeric	4
409	FM	P092401	Adult - Diagnostic Catheterizations	Numeric	4
410	FN	P092402	Adult - Therapeutic Catheterizations	Numeric	4
411	FO	P092501	Total - Diagnostic Catheterizations	Numeric	6
412	FP	P092502	Total - Therapeutic Catheterizations	Numeric	6

HOSPITAL UTILIZATION
Data File 2

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size
Distribution of Therapeutic Cardiac Catheterizations by Type					
413	FQ	P092601	Permanent Pacemaker Implantations	Numeric	4
414	FR	P092701	PCTA	Numeric	4
415	FS	P092801	PTBV	Numeric	4
416	FT	P092901	Thrombolytic Agents	Numeric	4
417	FU	P093001	Other Therapeutic Catheterizations	Numeric	4
418	FV	P093101	Total	Numeric	6
Birth and Abortion Data					
419	FW	P100601	Total Live Births (Includes low weight & LDR/P Births)	Numeric	5
420	FX	P100701	Live Births-Weight under 2500 grams	Numeric	5
421	FY	P100801	Live Births-Weight Under 1500 grams	Numeric	5
422	FZ	P100901	Induced Abortions--Inpatient	Statewide Total, only	
423	GA	P101001	Induced Abortions—Outpatient	Statewide Total, only	
			Alternative Birth Setting (LDR/LDRP):		
424	GB	P101101	Does facility have an Alternative Birth Setting	Coded	1
425	GC	P101201	Setting approved as: ABC/LDR	Coded	1
426	GD	P101202	Setting approved as: LDRP	Coded	1
427	GE	P101301	Number of Live Births Occurring in Alternative Setting	Numeric	5
428	GF	P101401	Number of Live Births Cesarean Section Del.	Numeric	5
429	GG	P101501	Number of Well Baby Days	Numeric	5
Surgical Service					
			Operating Room Utilization:		
430	GH	P110101	Inpatient-Number of Surgical Operations	Numeric	7
431	GI	P110102	Inpatient-Operating Room (Anesthesia) Minutes	Numeric	8
432	GJ	P110201	Outpatient-Number of Surgical Operations	Numeric	7
433	GK	P110202	Outpatient-Operating Room (Anesthesia) Minutes	Numeric	8
434	GL	P110501	Organized Ambulatory Surgical Program	Coded	1
435	GM	P111001	Number of Surgical ORs in Surgical Suites	Numeric	2
			Number of Operating Rooms used:		
436	GN	P111101	Exclusively for Outpatient Surgery	Numeric	2
437	GO	P111201	Partially for Outpatient Surgery	Numeric	2
438	GP	P111301	Exclusively for Inpatient Surgery	Numeric	2
Radiation Therapy Service					
439	GQ	P120101	Does Facility Provide Radiation Therapy Service?	Coded	1
440	GR	P120201	Licensed for Radiation Therapy Service on 12/31?	Coded	1

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HOSPITAL UTILIZATION
Data File 2

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size
Megavoltage Machines					
441	GS	P121001	Machine #1Type of Machine	Coded	1
442	GT	P121002	Year Operational in Hospital	Numeric	4
443	GU	P121003	Total Machine Days in Operation	Numeric	3
444	GV	P121004	Number of Treatment Visits	Numeric	5
445	GW	P121005	Linear Accelerator: Photon Mode	Numeric	2
446	GX	P121005	Linear Accelerator: Electron Mode	Numeric	2
447	GY	P121101	Machine #2 Type of Machine	Coded	1
448	GZ	P121102	Year Operational in Hospital	Numeric	4
449	HA	P121103	Total Machine Days in Operation	Numeric	3
450	HB	P121104	Number of Treatment Visits	Numeric	5
451	HC	P121105	Linear Accelerator: Photon Mode	Numeric	2
452	HD	P121105	Linear Accelerator: Electron Mode	Numeric	2
453	HE	P121201	Machine #3 Type of Machine	Coded	1
454	HF	P121202	Year Operational in Hospital	Numeric	4
455	HG	P121203	Total Machine Days in Operation	Numeric	3
456	HH	P121204	Number of Treatment Visits	Numeric	5
457	HI	P121205	Linear Accelerator: Photon Mode	Numeric	2
458	HJ	P121205	Linear Accelerator: Electron Mode	Numeric	2
459	HK	P121301	Machine #4 Type of Machine	Coded	1
460	HL	P121302	Year Operational in Hospital	Numeric	4
461	HM	P121303	Total Machine Days in Operation	Numeric	3
462	HN	P121304	Number of Treatment Visits	Numeric	5
463	HO	P121305	Linear Accelerator: Photon Mode	Numeric	2
464	HP	P121305	Linear Accelerator: Electron Mode	Numeric	2
465	HQ	P121401	Machine #5 Type of Machine	Coded	1
466	HR	P121402	Year Operational in Hospital	Numeric	4
467	HS	P121403	Total Machine Days in Operation	Numeric	3
468	HT	P121404	Number of Treatment Visits	Numeric	5
469	HU	P121405	Linear Accelerator: Photon Mode	Numeric	2
470	HV	P121405	Linear Accelerator: Electron Mode	Numeric	2
471	HW	P121501	Machine #6 Type of Machine	Coded	1
472	HX	P121502	Year Operational in Hospital	Numeric	4
473	HY	P121503	Total Machine Days in Operation	Numeric	3
474	HZ	P121504	Number of Treatment Visits	Numeric	5
475	IA	P121505	Linear Accelerator: Photon Mode	Numeric	2
476	IB	P121506	Linear Accelerator: Electron Mode	Numeric	2
477	IC	P121601	Machine #7 Type of Machine	Coded	1
478	ID	P121602	Year Operational in Hospital	Numeric	4
479	IE	P121603	Total Machine Days in Operation	Numeric	3
480	IF	P121604	Number of Treatment Visits	Numeric	5

File 2(hosp9802.txt)

Item No.	Column	Data Field Title	Description	Type	Field Size
Megavoltage Machines, Continued					
481	IG	P121605	Linear Accelerator: Photon Mode	Numeric	2
482	IH	P121606	Linear Accelerator: Electron Mode	Numeric	2
Emergency Medical Services					
483	II	P122101	EMS Level on 1/1 of Reporting Year (per license)	Coded	1
484	IJ	P122201	EMS Level on 12/1 of Reporting Year (per license)	Coded	1
485	IK	P122601	Number of Patient Treatment Stations on 12/31	Numeric	3
			EMS Visits During the Reporting Year:		
486	IL	P122801	Total EMS Visits	Numeric	6
487	IM	P122901	Number of Non-Urgent EMS Visits	Numeric	6
488	IN	P123001	Number of Urgent EMS Visits	Numeric	6
489	IO	P123101	Number of Critical EMS Visits	Numeric	6
490	IP	P123201	Number of EMS Visits Resulting in Admissions	Numeric	6

DATA FIELD DEFINITIONS

This section contains the definitions of the data items, listed by Item Number.

File 1(hosp9801.txt)   Data File 1

1. Facility Number	A nine digit facility identification number assigned by OSHPD for reporting purposes
2. County Number	The number of the County in which the facility is located. There are 58 counties in California.
3. OSHPD Permanent ID Number	A permanent four-digit facility identification number assigned by California Dept. of Public Health (in 1960s) and maintained by OSHPD.
4. LFS License Type	A one digit numeric code describing the type of license a facility has: 1=General Acute Care 2=Acute Psychiatric 3=Psychiatric Health Facility 4=Chemical Dependency Recovery Hospital 5=Rural Hospital-General Acute Care 6=State Correctional Facility
5. LFS First License Date	An eight character code that reveals the date of the first license for a facility
6. LFS Status Code	A one character code revealing the status of a licensed facility Blank=License in Operating Status, C=Closed, S=License in Suspense
7. LFS Status Date	The date the facility either closed or went into suspense.
8. Open Status Code	A one character code revealing the availability of a licensed facility (Blank = use status from LFS Status Code, 0=A previous suspended licensed has been reactivated.)
9. Open Status Date	An eight character text code that reveals the date of a facility's opening.
10. Type of Consolidation	This field is for the Parent Only. Indicates the parent of main site and what type of facility it is: 1=Acute, 2=LTC, and 3=Both
11. Consolidation Number B	Indicates Parent or Satellite: 9=Parent 1-8=Satellites
12. Consolidation Number CC	Indicates the sequence of the consolidation.
13. Consolidation Date	The date of consolidation between branches or parent organizations.
14. Facility Name(DBA)	The name under which the facility is doing business as of December 31
15. Facility Address(DBA)	The street address of the facility doing business
16. Facility City (DBA)	The city in which the facility is doing business.
17. State (DBA)	The state in which the facility is doing business.
18. Facility Attention (Mailing Address)	A specific person who should receive any mail pertaining to the Hospital Utilization Reports.
19. Facility Address (Mailing Address)	The mailing address of a facility, which may be different than the street address of a facility's DBA (P.O. Boxes, Corporate Office, or Consulting Firms).
20. Facility City (Mailing Address)	The city in which the facility mail is delivered to.
21. Facility State (Mailing Address	The state in which the facility mail is delivered to.
22. Facility Zip Code (Mailing Address	The zip code in which the facility mail is delivered to.

File 1(hosp9801.txt)   Data File 1

23. Health Service Area (HSA)	Codes 01-14--A two-digit numeric code denoting the HSA in which the facility is located. The HSA's geographic area, consisting of one or more contiguous counties, is designated by the Federal Department of Health and Human Services for health planning on a regional basis.
24. Health Facility Planning Area (HFPA)	Codes 0101-1424--A four digit numeric code denoting the Health Facility Planning Area (HFPA) in which the facility is located. The HFPA is a geographic subdivision of a Health Service Area.
25. Computed Status Code	A maximum three character numeric code that combines information from the LFS First Licensed Date, the LFS Status Code and Date, and the Open Status Code and Date: C=Closed during current calendar year NO=New (licensed this calendar year), Operating in 12/31 NS=New(licensed this calendar year), in Suspense on 12/31 NC=New(licensed this calendar year), in Suspense on 12/31 NSM=New (licensed this calendar year), in Suspense during the year, operating on 12/31 OA=Operating all year SA=In suspense all year SB=In suspense on January 1, Operating on December 31 SE=Operating on January 1, in Suspense on December 31 SM=Operating on 1/1 & 12/31, in suspense for a period during the year
26. License Type	1=General Acute Care 2=Acute Psychiatric 3=Psychiatric Health Facility 4=Chemical Dependency Recovery Hospital 5=Rural Hospital-General Acute Care 6=Prison Hospital
27. Report Status	A two digit numeric code that combines the facility licensure status and Annual Report status: 01=License in suspense all year; no report required 02=License in suspense, data reported 03=License in suspense, non-responder 04=Hospital closed, data reported 05=Hospital closed, non-responder 06=Licensed, but not in operation 07=Hospital open, data reported (most hospitals) 08=Hospital open, non responder 09=Hospital open, partial year data reported (change of ownership) 10=Hospital open, report a combination of data from 2 (or more) owners 11=Closed, data unavailable 12=New; first licensed in 1998, data reported 13=New; first licensed in 1995, non-responder
28. Phone Number	The main business phone number of the facility
29. Dates of Operation: From (CCYYMMDD)	An eight-digit numeric code (the first half of paired dates) that reveals the period in a year that the facility was in operation. This date should only be completed if the agency was newly licensed, closed, or went into or came out of suspense during the reporting year.

File 1(hosp9801.txt)   Data File 1

30. **Dates of Operation: Through (CCYYMMDD)**	An eight-digit numeric code (the last half of a date) that reveals a period in the year that a facility was in operation. This should only be completed if the agency was newly licensed, closed, or went into suspense during the reporting year
31. **Licensee (Ownership Type)**	A two digit numeric code that designates the ownership of the hospital: 11=State 20=Church 12=county 21=Other Nonprofit 13=City 22=University of California 14=City/County 23=For Profit-Individual 15=Hospital District 24=For Profit-Partnership 18=Nonprofit Corporation 25=For Profit-Corporation 19=Kaiser 00=Unknown
32. **Principal Service Type**	The reported principle type of service: 00=Unknown 10=General Medical/Surgical 11=Hospital Unit of an Institution 12=Long Term Care (SNIC) 13 =Psychiatric 14=Tuberculosis & Other Respiratory Disease 15=Chemical Dependency (Alcohol/Drug) 16=Chronic Disease 17=Pediatric 18=Rehabilitation (Physical Rehab.) 19=Orthopedic or Pediatric Ortho. 22=Developmentally Disabled 23=Other
33. Hospice offered during the reporting year	1=Yes; 0=No Indicates whether a hospice program was offered at the hospital.
34. Bed Classification used for Hospice	A one digit numeric code indicating bed classification; 1=GAC 2=SNF 3=ICF 4=Combination
35-39 Long Term Care Services	0=Not certified 1=Certified A one-digit numeric code that indicates the hospital was certified or contracted for these services.
40-51 Length of Time In Facility	A maximum 4-digit number indicating, by grouping, the length of time a discharged patient was in the hospital.
52. Patients diagnosed with AIDS, ARC or HIV Related Disease	A maximum 4-digit number indicating the number of patients in special programs for hospital based LTCs.
53.Specialized Alzheimer's Program	A number 1 indicates the facility has a specialized program for Alzheimer's patients.
54.Patients w/Primary or Secondary Diagnoses Alzheimer's disease	A maximum 4-digit number indicating the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease during the calendar year.

File 1(hosp9801.txt)   Data File 1

55-59. Patient Census on December 31, Prior Reporting Year	A maximum 4 digit number indicating the number of patients by bed classification on the census day of the prior reporting year.
60-70. Admissions	A maximum 4 digit number indicating the number of admissions during the calendar year into the various LTC bed classifications and the places where patients were admitted from.
71-83. Discharges	A maximum 4 digit number indicating the number of discharges during the calendar year from the various bed classifications and where those patients were discharged to.
84-94. Patient Census on December 31-Current Reporting Year	A maximum 4 digit number indicating the number of patients by bed classification on the census day of the current reporting year and the primary reimbursement source by payer.
95-99. Patient (Census) Days	A maximum 6 digit number indicating the number of Patient (Census) Days by bed classification.
100-104. Licensed Beds	A maximum 4 digit number indicating the number of Licensed Beds by bed classification.
105-109 Licensed Bed Days	A maximum 6 digit number indicating the number of Licensed Bed Days by bed classification.
110-111 Approved Swing Beds	A maximum 3-digit number indicating the number of swing beds that appear on the license.
112-240. Age and Race/Ethnicity by Gender	A maximum 5-digit number indicating the number of Long term Care patients by Gender and Race/Ethnicity and Age groupings.

The definitions for Data File 2 begin on the next page.

File 2(hosp9802.txt)   Data File 2

241. Facility Identification Number	A nine digit facility identification number assigned by OSHPD for reporting purposes
242-250. Subacute Care	A maximum four digit number Indicating the number of subacute Care beds contracted for on 12.31, the number of Subacute Care Patients on 12/31 and whether they were under 20 years of age or over 21 years of age.
251-262. Place Subacute Patients Admitted From.	A maximum four digit number Indicating where the patients in subacute care were admitted from.
263-276. Place Subacute Patients Discharged To.	A maximum four digit number indicating where the subacute patients were discharged to.
277-296. Number of Subacute Patients on 12/31 that Required the Treatment/ Procedures listed.	A maximum four digit number indicating the number of Subacute patients on the census day (12/31) that required the listed treatments or procedures.
297-303. Acute Psychiatric Service	A maximum four digit number indicating Psychiatric Census status and age groupings.
304-307. Chemical Dependency Recovery Services in Licensed Acute Psychiatric Beds	A numeric code indicating the chemical dependency services performed in acute psychiatric beds.
308-316. Acute Psychiatric Patient Census	A four digit numeric indicating acute psychiatric patient census by reimbursement source.
317-396. Inpatient Bed Utilization	A numeric digit indicating the Census on 12/31, licensed beds on 12/31, discharges, intra hospital transfers, patient census days, and licensed bed days by Licensed Bed Type.
397-400. Chemical Dependency Recovery Services	A numeric digit indicating the chemical dependency services performed in General Acute Care beds.
401. Cardiac Catheterization and Cardiac Surgery Services	0=No Services 1=Catheterization Only 2=CV Surgery (including catheterization) A one digit numeric that indicates whether the hospital was licensed for cardiovascular surgery or catheterization on the 12/31 census date.
402. Cardiovascular (CV) Surgery with Extracorporeal Bypass	A maximum two digit numeric which indicates the number of operating rooms the hospital had on the census date of 12/31 that were equipped to perform CV surgery with Extracorporeal Bypass (this includes, but is not limited to CABGs).
403-405. Cardiovascular (CV) Surgery with Extracorporeal Bypass	The numbers of Pediatric, Adult and the Total Cardiac Surgeries with Bypass performed (this includes, but is not limited to CABGs).
406. Cardiac Catheterizations	A maximum two digit numeric which indicates the number of rooms that were equipped to perform cardiac catheterizations on the 12/31 census day.
407-412. Cath Lab Utilization	A maximum four digit numeric which indicates the number of Pediatric and Adult Diagnostic or Therapeutic Catheterizations.
413-418. Distribution of Therapeutic Cardiac Catheterizations	A numeric digit indicating the number of Cardiac Catheterizations by type.

419-423.Births and Abortions	Total live births, low weight births and inpatient and outpatient abortions. Note, abortions from individual hospitals are not displayed, however state totals are.
424-426. Alternative Birth Setting	1=Yes, 2=No A one digit number indicating whether a hospital has an Alternative Birth Setting and if yes was it approved as an ABC/LDR (Alternative Birth Center/Labor, Delivery Recovery) and/or as LDRP(Labor, Delivery, Recovery and Postpartum)
427. Live Births	A maximum five digit numeric indicating the number of live births occurring in the alternative setting
429. Well Baby Days	Non-acute, newborn nursery days; refers to the condition of baby, not the baby's location.
430-433. Surgical Services	A numeric digit indicating the number of inpatient and outpatient surgical operations and operating room anesthesia minutes.
434. Ambulatory Surgical Program	1=Yes 0 or 2=No A one digit numeric indicating whether the hospital has an organized ambulatory surgical program.
425-438. Surgical Services	A maximum two digit numeric indicating the number of surgical operating rooms in surgical suites, and the number of operating rooms used exclusively for outpatient surgery, partially for outpatient surgery and exclusively for inpatient surgery.
439. Radiation Therapy Service	0=Not answered or not applicable, 1=Yes, 2=No A one-digit numeric indicating whether the hospital provides radiation therapy services.
440. Radiation Therapy Service	0=No, 1=Yes A one digit numeric indicating whether the hospital was licensed for radiation therapy service on 12/31(the census day).
441-482. Megavoltage Machines	Radiation Therapy machines used from January 1 through December 31. Includes type (see codes below), the year the machine was first used, the total number of days it was used (from January 1 through December 31), the number of treatment (patient) visits, and the maximum voltages in the photon and electron modes: Type of Machine Codes: 1=Linear Accelerator: 12MeV & Under 4=Betatron 2=Linear Accelerator: Over 12 MeV 5=Van de Graff 3=Cobalt 60
483-484. Emergency Medical Services(EMS) Licensure	Licensed EMS Level on 1/1 of reporting year and on 12/1 of reporting year. Only hospitals licensed as General Acute Care can be licensed to operate an Emergency Medical Service. EMS Level Codes: 0=No EMS (and not a GAC hospital, e.g., Psych, CDRH) 1=No EMS 2=Standby EMS 3=Basic EMS 4=Comprehensive EMS
485. EMS Treatment Stations	The number of reported treatment stations.
486-490. Emergency Medical Services Visits:	Total number of patient visits to the EMS Number of non-urgent EMS visits Number of urgent EMS visits Number of critical EMS visits Number of EMS visits resulting in inpatient hospital admissions.

APPENDIX A

The Annual Utilization Report of Hospitals – 1998

(the Report Form)

State of California   Office of Statewide Health Planning and Development

ANNUAL UTILIZATION REPORT OF HOSPITALS - 1998

Return **BY FEBRUARY 15, 1999** to:
Office of Statewide Health Planning
      and Development
Accounting and Reporting Systems Section
Licensed Services Data and Compliance Unit
818 K Street, Rm. 400
Sacramento, CA 95814

Completion of the "Annual Utilization Report of Hospitals" is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15, may result in action against the hospital's license.

Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact the Office at (916) 322-7422 or (916) 323-7685.

"I declare the following under penalty of perjury: that I am the current administrator of this hospital, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this hospital and the records and logs are true and correct to the best of my information and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from our medical records and logs of the information requested."

Administrator's Name (Please Print)

Name of person completing form and /or contact
person for any follow-up questions (Please Print)

Administrator's Signature

Print Title and Department of Person Responsible for
the Report

(   )
Date   Area Code   Phone   Ext.

(   )
3. (   )   Area Code   FAX Number
   Area Code   Phone

COMPLETE PART A ONLY IF THE HOSPITAL WAS DELICENSED (CLOSED), WENT INTO SUSPENSE OR WAS NEWLY LICENSED DURING THE REPORTING YEAR.

A. **DATES OF LICENSURE:** If the hospital was licensed on or after 1/1 or was delicensed (closed) or went into suspense on or before 12/31, enter the dates of operation on Line 1, Columns 1 and 2. Month = 01 through 12 and Day = 01 through 31.

	Col. 1			Col. 2
11. FROM	[	]	THROUGH	[	]
	Month	Day		Month	Day

COMPLETE PART B & C ONLY IF THE HOSPITAL WAS NEWLY LICENSED <u>OR</u> CHANGED LICENSEE/ OWNERSHIP DURING THE REPORTING YEAR.

B. **LICENSEE (OWNERSHIP) TYPE:**
From the list below, select the ONE category that best describes the type of licensee of your hospital and enter the number which appears next to that category...2. _____

LICENSEE (OWNERSHIP) CODES		
NONPROFIT	**FOR PROFIT**	**STATE/LOCAL GOVERNMENT**
18 Nonprofit Corporation	23 Individual	11 State
19 Kaiser	24 Partnership	12 County
20 Church Related	25 Corporation	13 City
22 University of California		14 City/County
21 Other _____ Specify		15 Hospital District

C. **PRINCIPAL SERVICE TYPE:**
From the list below, select the ONE category that best describes the type of service provided to the majority of your patients and enter the number which appears next to that category. ....3. _____

PRINCIPAL SERVICE CODES		
10 General Medical/Surgical	14 Tuberculosis and Other Respiratory Disease	18 Physical Rehabilitation
11 Hospital Unit of an Institution (e.g. Penal Institution, student health)	15 Chemical Dependency (Alcohol/Drug)	19 Orthopedic or Pediatric Ortho
12 Long Term Care (SN/IC)	16 Chronic Disease	22 Developmentally Disabled
13 Psychiatric	17 Pediatric	23 Other _____ (Specify)

A. HOSPICE PROGRAM

Enter the number 1 if the hospital offered a hospice program during the calendar year?............................ 1 ____
(See definition of "hospice" in instructions)

If yes, what type of bed classification is used for this service?
     1-General Acute Care, 2-SNF, 3-ICF, 4-Combination... 2 ____

LONG-TERM CARE SERVICES
(SKILLED NURSING AND/OR INTERMEDIATE CARE (SN/IC)

B. CERTIFICATION(S):

From the certification categories below, place a check on those categories for which your hospital was certified or contracted during the year.

Medicare:	**Medi-Cal:**	**Medi-Cal:**	**Medi-Cal:**	**Medi-Cal**
Skilled Nursing	Skilled Nursing	Intermediate Care	Intermediate Care/DD	Subacute
Line 5 (Col. 1) ___	(Col. 2) ___	(Col. 3) ___	(Col. 4) ___	(Col. 5) ___

C. Length of Time in Hospital--All long-term care patients discharged: (See definition of "discharge" in instruction booklet.)

TABLE A Discharged Long-term Care Patients by Length of Stay

Time in Hospital	Line No.	Number of Patients
TOTAL LONG-TERM CARE DISCHARGES	11	*
Less than 2 weeks	12	
2 weeks less than 1 month	13	
1 month less than 3 months	14	
3 months less than 7 months	15	
7 months less than 12 months	16	
1 year less than 2	17	
2 years less than 3	18	
3 years less than 5	19	
5 years less than 7	20	
7 years less than 10	21	
10 years or more	22	

*Total discharges must be the same on page 4, line 3, column 6. (Table B)

D. SPECIAL PROGRAMS FOR HOSPITAL-BASED LONG-TERM CARE PATIENTS

During the calendar year, what was the number of patients diagnosed as having AIDS, ARC, prodromal AIDS or HIV related disease and illness (HTLV-III/LAV)?..41_____

Enter the number 1 if your hospital offered a specialized program for Alzheimer's patients?...........42_____

During the calendar year, what was the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease?...43_____

Long-term Care Services (Continued)

TABLE B – LONG TERM CARE INPATIENT UTILIZATION

COMPLETE LINES 1-4, COLUMNS 1-6, USING THE FOLLOWING:
(Line 1) + (Line 2) - (Line 3) = Line 4

Enter on Line 2, Col. 7-12, the number of LTC patients admitted from each place shown. The sum of line 2 (ADMISSIONS) columns 7-12 must equal the amount shown on line 2 column 6 (**Total**)

Enter on Line 3, Col. 7-14, the number of LTC patients discharged to each place shown. The sum of line 3 (DISCHARGES) columns 7-14 must equal the amount shown on line 3 column 6 (**Total**)

Enter on Line 4, Col. 7-14, the number of LTC patients in the hospital on December 31, 1998 whose principal source of payment was from the sources shown. The sum of line 4 (CENSUS) columns 7-14 must equal the amount shown on line 4 column 6 (**Total**)

		SN (Gen)	IC (Gen)	SN (MD)	IC (DD)	Total		Home	Hospital	State Hospital	Other LTC	Residential Bd & Care	Other		
Dec. 31, 1997 Census	Ln. 1														
Admissions (+)	Ln. 2													AWOL	Death
(-) Discharges	Ln. 3														
Dec. 31, 1998 Census	Ln. 4												████		
Patient Days	Ln. 5								7 Medicare	8 Medi-Cal	9 HMO	10 Private Ins.	11 Private Pay	12	13	14 Other
Licensed Beds	Ln. 6	████	████	████	████	████									
Licensed Bed Days	Ln. 7	████	████	████	████	████		*Please Refer to the Instructions*							
Swing Beds	Ln. 8		████	████											
Cols.		1	2	3	4	6									

A. TOTAL NUMBER OF LTC INPATIENTS

1. Number of Inpatients in the Hospital on December 31 of the Reporting Year   _____

2. Number of **Male** Inpatients on December 31 of the Reporting Year.   _____

3. Number of **Female** Inpatients on December 31 of the Reporting Year   _____

B. RACE/ETHNICITY AND AGE OF MALE LTC PATIENTS ON DECEMBER 31.

Report These Patients by the Appropriate Age Groups:

	COL. 1 <45	COL. 2 45-54	COL. 3 55-64	COL. 4 65-74	COL. 5 75-84	COL. 6 85-94	COL. 7 95+
4. White	_____	_____	_____	_____	_____	_____	_____
5. Black	_____	_____	_____	_____	_____	_____	_____
6. Hispanic	_____	_____	_____	_____	_____	_____	_____
7. Asian	_____	_____	_____	_____	_____	_____	_____
8. Filipino	_____	_____	_____	_____	_____	_____	_____
9. Pacific Islander	_____	_____	_____	_____	_____	_____	_____
10. Native American	_____	_____	_____	_____	_____	_____	_____
11. Other	_____	_____	_____	_____	_____	_____	_____
12. Total	_____	_____	_____	_____	_____	_____	_____

C. RACE/ETHNICITY AND AGE OF FEMALE LTC PATIENTS ON DECEMBER 31.

Report These Patients by the Appropriate Age Groups:

	COL. 1 <45	COL. 2 45-54	COL. 3 55-64	COL. 4 65-74	COL. 5 75-84	COL. 6 85-94	COL. 7 95+
13. White	_____	_____	_____	_____	_____	_____	_____
14. Black	_____	_____	_____	_____	_____	_____	_____
15. Hispanic	_____	_____	_____	_____	_____	_____	_____
16. Asian	_____	_____	_____	_____	_____	_____	_____
17. Filipino	_____	_____	_____	_____	_____	_____	_____
18. Pacific Islander	_____	_____	_____	_____	_____	_____	_____
19. Native American	_____	_____	_____	_____	_____	_____	_____
20. Other	_____	_____	_____	_____	_____	_____	_____
21. Total	_____	_____	_____	_____	_____	_____	_____

A. <u>MEDI-CAL</u> <u>SUBACUTE</u> CARE PATIENTS

1. Number of **Medi-Cal Subacute** Care Beds Contracted for on December 31.._____

	COL. 1 Age 20 and Under	COL. 2 Age 21 and Over
2. Number of Medi-Cal Subacute Patients in the Hospital on December 31.	_____	_____
3. Number of Medi-Cal Subacute Patients Admitted During the Year.	_____	_____
4. Number of Medi-Cal Subacute Patients Discharged During the Year.	_____	_____
5. Number of Medi-Cal Subacute Care Patient Days.		

B. PLACE *MEDI-CAL SUBACUTE* PATIENTS REPORTED ON LINE 3 WERE ADMITTED FROM (Source of Admission):

10. Home	_____	_____
11. State Hospital	_____	_____
12. Residential Board and Care Facility	_____	_____
13. Hospital	_____	_____
14. Other LTC facility	_____	_____
15. Other, Specify _____	_____	_____

C. PLACE *MEDI-CAL SUBACUTE* PATIENTS REPORTED ON LINE 4 WERE DISCHARGED TO (Disposition of Patient):

20. Home	_____	_____
21. State Hospital	_____	_____
22. Residential Board and Care Facility	_____	_____
23. Hospital	_____	_____
24. Other LTC facility	_____	_____
25. Other, Specify _____	_____	_____
26. Death	_____	_____

D. REPORT THE NUMBER OF <u>*MEDI-CAL SUBACUTE*</u> PATIENTS ON DECEMBER 31 THAT REQUIRED THE TREATMENT/PROCEDURES LISTED. (A patient may require more than one treatment/procedure:)

31. Tracheostomy with Ventilator	_____	_____
32. Tracheostomy without Ventilator	_____	_____
33. Tube feeding (nasogastric or gastrostomy)	_____	_____
34. Total Parenteral Nutrition (TPN)	_____	_____
35. Physical Therapy	_____	_____
36. Speech Therapy	_____	_____
37. Occupational Therapy	_____	_____
38. IV Therapy	_____	_____
39. Wound Care	_____	_____
40. Peritoneal Dialysis	_____	_____

COMPLETE ONLY IF YOUR HOSPITAL HAS LICENSED ACUTE PSYCH OR PHF BEDS

A.   ACUTE PSYCHIATRIC PATIENTS ON DECEMBER 31

	Line No.	PATIENT CENSUS DECEMBER 31
ACUTE PSYCHIATRIC TOTAL	1	*
Locked	2	
Open	3	

*TOTAL must equal Line 20, Column 1, Page 8

B.   ACUTE PSYCHIATRIC PATIENTS BY AGE CATEGORY ON DECEMBER 31

AGE GROUP	Line No.	NUMBER OF PATIENTS
TOTAL PATIENT CENSUS	6	
0-17 Years	7	
18-64 Years	8	
65 Years and over	9	

*TOTAL patient census (Line 6) must be equal to total acute psychiatric patients (Line 1 above)

C.   CDR SERVICES PROVIDED IN LICENSED ACUTE PSYCHIATRIC BEDS

Line No.	CENSUS 12/31 (Column 1)	For Calendar Year		STATE USE ONLY
		DISCHARGES (Column 2)	PATIENT DAYS (Column 3)	BEDS ON LICENSE (Column 4)
15				

D.   ACUTE PSYCHIATRIC PATIENTS BY PRIMARY PAYER ON DECEMBER 31

SOURCE	Line No.	NUMBER OF PATIENTS
TOTAL ACUTE PSYCHIATRIC PATIENTS*	20	
Medicare	21	
Medi-Cal	22	
Short-Doyle (includes Short-Doyle Medi-Cal)	23	
HMO	24	
Other Third Party Payer	25	
Private Pay	26	
Other	27	

*Total acute psychiatric patients (Line 20) must be equal to total patient census (Line 6) and acute psychiatric total (Line 1)

E.   During the calendar year, did you provide any acute psychiatric care under a **Short-Doyle** contract? (1-Yes, 2-No).......30. _____

. **INPATIENT BED UTILIZATION** - *DO NOT INCLUDE NORMAL NEWBORNS IN BED UTILIZATION DATA ON THIS TABLE!*

Line No.	CENSUS 12/31 (Col. 1)	STATE USE ONLY Licensed Beds (Col. 2)	BED CLASSIFICATION AND BED DESIGNATION[1]	Hospital Discharges (Including Deaths) (Col. 3)	Intrahospital Transfers From Critical Care (Col. 4)	Patient Census Days (Col. 5)	STATE USE ONLY Licensed Bed Days (Col. 6)
1			Medical/Surgical[2] *(Include GYN)*				
2			Perinatal *(Exclude newborn & Gyn)*				
3			Pediatric				
4			Intensive Care[3]				
5			Coronary Care[3]				
6			Acute Respiratory Care[3]				
7			Burn Center[3]				
8			Intensive Care Newborn Nursery				
10			Rehabilitation Center[4]				
16			**SUBTOTAL--General Acute Care**				
18			**Chemical Dependency Recovery Hospital**				
20			**Acute Psychiatric** Please complete Page 7				
25			**Skilled Nursing**[5] Please complete Page 4				
30			**Intermediate Care**[6] Please complete Page 4				
40			**HOSPITAL TOTAL**				

[1] See instructions

[2] The Department of Health Service's Licensing and Certification Division replaced the Medical/Surgical designation with "Unspecified General Acute"

[3] Step-down utilization (observation, telemetry, etc.) are to be reported as Medical/Surgical (Line 1)

[4] Physical (muscular/neurological) rehabilitation

[5] From Page 4, Line 4, Columns 1 and 3

[6] From Page 4, Line 4, Columns 2 and 4

B. Complete the table below if you **provided** **C**hemical **D**ependency **R**ecovery **S**ervices (CDRS) **in your licensed General Acute Care Beds** (subtotaled on line 16 above). Do not include data below if the service was provided in licensed CDR Hospital beds (reported on Line 18 above), nor if provided in licensed Acute Psychiatric beds (reported on Page 7).

CDRS PROVIDED IN **LICENSED GENERAL ACUTE CARE** BEDS

Line No.	CENSUS DECEMBER 31 (Column 1)	DISCHARGES (Column 2)	PATIENT DAYS (Column 3)	STATE USE ONLY BEDS ON LICENSE (Column 4)
45				

CARDIAC SURGERY AND CARDIAC CATHETERIZATION SERVICES

COMPLETE THIS PAGE ONLY IF "CARDIOVASCULAR SURGERY SERVICES" OR "CARDIAC CATHETERIZATION LABORATORY ONLY" APPEAR ON YOUR HOSPITAL'S LICENSE DURING THE REPORTING YEAR.

CARDIAC SURGERY: PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

A.   How many operating rooms on 12/31 were equipped to perform cardiac surgery with extracorporeal bypass?. 10_____

B.   How many cardiac surgery operations with extracorporeal bypass were performed during the calendar year?

	Line No.	Cardiac Surgery with Extracorporeal Bypass
Pediatric	11	
Adult	12	
TOTAL	13	

CARDIAC CATHETERIZATIONS: PLEASE REFER TO THE INSTRUCTIONS BEFORE COMPLETING.

Enter "0" if the answer is none or the question does not apply

A.   How many rooms in your hospital on 12/31 were equipped to perform Cardiac Catheterizations........................ 20_____

Report the utilization of these rooms below:

TABLE B Cardiac Catheterization Laboratory Utilization

| | | PATIENT VISITS | |
| | | Cardiac Catheterizations | |
	Line No.	Diagnostic (Col. 1)	Therapeutic (Col. 2)
Pediatric	23		
Adult	24		
TOTAL	25		

> **Note: do not include any of the following as a cardiac catheterization**

Angiography
Automatic Implanatable Cardiac Defibrillator (AICD)
Defibrillator (AICD)
Cardioversion
Intra-Aortic Balloon Pump
Percutaneous Transluminal (Balloon) Angioplasty (PTA) (non-cardiac)
Pericardiocentesis
Temporary Pacemaker Implantation

TABLE C Distribution of Therapeutic Cardiac Catheterizations by Type

TYPE	Line No.	NUMBER (Col. 1)
Permanent Pacemaker Implantation	26	
PTCA	27	
PTBV	28	
Thrombolytic Agents	29	
Other, Specify _____	30	
TOTAL*	31	

must agree with entry in column 2 on line 25

BIRTH AND ABORTION DATA

A. Enter the number of the following events which occurred in your hospital during the calendar year. If a particular event did not occur in your hospital, enter a "0".

Line No.	EVENT	TOTAL OCCURRING IN HOSPITAL
6	Total Live Births (Count multiple births separately)[1]	
7	• Live Births with Birth Weight Less Than 2500 grams (5lbs. 8 oz.) [2]	
8	• Live Births with Birth Weight Less Than 1500 grams (3lbs. 5 oz.) [2]	
9	Induced Abortions Inpatient[3]	
10	Induced Abortions Outpatient (ambulatory)[3]	

The number of births shown on this line should be approximately the same as the number of discharges shown on Page 8, Line 2, Col. 3. Include LDR or LDRP births in table above.

B. Enter the number 1 (yes) if the hospital had an alternative setting ....11 _____
(i.e. an approved birthing program)

LDR[4]   LDRP[4]

If yes, your alternative setting was approved as (check correct alternative)..12 _____ _____
(Col. 1) (Col. 2)

How many of the live births reported on line 6 occurred in your alternative setting? ....13 _____
Do not include C-Section deliveries.

How many of the live births reported on line 6 were Cesarean Section deliveries?..14 _____

[1] **LIVE BIRTH**

The complete expulsion or extraction from its mother, in a hospital, of a product of conception, irrespective of the duration of pregnancy, which after such separation, breathes or shows any other evidence of life such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born. When more than one live product of conception is expelled (multiple birth), each one constitutes a separate live birth. EXCLUDE live births occurring outside your hospital.

[2] **LIVE BIRTHS UNDER 2500 GRAMS; UNDER 1500 GRAMS**

Of the total live births, how many weighed less that 2500 grams (5 lbs., 8 oz.); of the births weighing less than 2500 grams, how many weighed less than 1500 grams (3 lbs., 5 oz.)?

[3] **INDUCED ABORTIONS**

Intentionally induced abortions (chemically or surgically), performed on an outpatient or inpatient basis, irrespective of gestational age.

[4] **LDR (Labor, Delivery and Recovery) and LDRP (Labor, Delivery, Recovery and Post-Partum)**

LDR is a program for low-risk mothers with stays of less than 24 hours, including equipment and supplies or uncomplicated deliveries in a home-like setting and that has been approved by the Division of Licensing and Certification, Department of Health Services (L&C). LDR replaces ABC (Alternative Birthing Center).

LDRP is a program similar to LDR but is not limited to low-risk deliveries and the stays are usually for more than one day. LDRP also is L&C approved.

C. Enter the number of newborn nursery days (a.k.a., well baby days) ....15 _____

SURGICAL SERVICES

A. In the table below, enter the numbers requested. If an item does not apply or the answer is "none" enter a "0".

TABLE A – SURGICAL SERVICES

	Line No.	FOR CALENDAR YEAR	
		Number of Surgical Operations (Col. 1)	Operating Room (Anesthesia) Minutes (Col. 2)
Inpatient	1		
Outpatient	2		

- **Surgical Operations** -- A surgical operation is one patient using a surgery room. Therefore, a surgery involving multiple procedures (even multiple, unrelated surgeries) performed during one scheduling is to be counted as one surgical operation. This definition of a surgical operation could also be termed a "patient scheduling."

- **Operating Room Minutes** -- The difference, in minutes, between the beginning of administration of GENERAL anesthesia, and the end of administration of GENERAL anesthesia. If general anesthesia is not administered, Operating Room Minutes are the number of minutes between the beginning and ending of surgery.

  The only exception: if the general anesthesia continues after the patient leaves the operating room, then ending time occurs when the patient leaves the operating room.

B. Enter the number 1 if during the reporting year, you had an organized ambulatory surgical program, i.e., did you have written policies, procedures, and quality of care standards specific to outpatient surgery patients?.........5 _____

C. *On December 31*, what was the number of surgical operating rooms in your surgical suites(s)? (Include special procedure rooms, i.e., cystoscopy rooms, cardiovascular surgery rooms, and other rooms in which surgeries were performed) ....10 _____

D. Of the total operating rooms specified in Item C, how many, during the calendar year were used:

Exclusively for outpatient surgery?...11 _____

For both inpatient and outpatient surgery?...12 _____

Exclusively for inpatient surgery? ....13 _____

RADIATION THERAPY SERVICE
(Megavoltage Machines Only)

A. If Radiation Therapy Services appear on your hospital's license, do you provide the service? (1-Yes, 2-No)................. 1 ____

If Yes, please complete Section B.

> State Use Only
>
> 2 ____

B. In the table below, complete one line for each megavoltage machine in your Radiation Therapy Service.

> **Col. 3 Those days the machine was available for use including weekends, holidays, etc. Include only days the machine could have been used: do not include down time.**

> **Col. 4 "Treatment Visits" means a patient visit during which radiation therapy was performed.**

TABLE B – MEGAVOLTAGE MACHINES

Line No.	Machine Number	TYPE OF MACHINE 1=Linear Accelerator 12MeV & Under 2=Linear Accelerator Over 12 MeV 3=Cobalt 60 4=Betatron 5=Van de Graff Col. 1	Year Operational In Hospital Col. 2	Total Machine Days Used Col. 3	Number of Treatment Visits Col. 4	FOR LINEAR ACCELERATORS Maximum Voltage (MeV) in: Photon Mode Col. 5	Electron Mode Col. 6
10	1						
11	2						
12	3						
13	4						
14	5						

EMERGENCY MEDICAL SERVICES

A. *On December 31*, what was the number of emergency medical patient treatment stations available? (A treatment station is a specific place within the emergency department adequate to treat one patient at a time. (Do not count holding or observation beds)..26_____

B. What was the total number of patient visits to the EMS during the calendar year? ....28_____
DO NOT INCLUDE employee physicals and other scheduled visits.

C. What was the number of NON-URGENT EMS* visits during the calendar year?...29 _____

D. What was the number of URGENT EMS* visits during the calendar year? ....30_____

E. What was the number of CRITICAL EMS* visits during the calendar year? ....31_____

F. What was the number of EMS visits that resulted in hospital admissions?...32_____

(*See definitions in Instructions)